

Prob 12B
(7/93)

FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA

UNITED STATES DISTRICT COURT

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for

OFFICE OF THE CLERK

District of Nebraska

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**
(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Vernon McClarty Docket Number: 8:02CR427
Sentencing Judge: The Honorable Joseph F. Bataillon
Chief U.S. District Judge
Date of Original Sentence: February 6, 2004
Original Offense: Felon in Possession of a Firearm [18 U.S.C. 922(g)(1)]
Original Sentence: 10 months imprisonment followed by 24 months Supervised Release
Type of Supervision: Supervised Release
Date Supervision Commenced: February 6, 2004

PETITIONING THE COURT

___ To extend the term of supervision for _____, for a total term of _____.

X To modify the conditions of supervision as follows:

Waive the offender's outstanding home confinement fees in the amount of \$752.81.

CAUSE

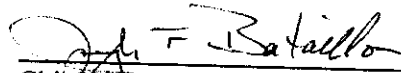
Due to Mr. McClarty's lack of financial resources, high medical bills and the fact that he subsists on a VA pension only, he is unable to pay for his period of home confinement.

Respectfully submitted,

W.S. Gallagher
Williamette S. Gallagher
Senior U.S. Probation Officer
Date: January 27, 2006

THE COURT ORDERS

- ☐ No Action
- ☐ The Extension of Supervision as Noted Above
- ☒ The Modification of Conditions as Noted Above
- ☐ Other



Chief U.S. District Judge

1/31/06
Date

Prob 49
(Rev. 12/00)

United States District Court

District of Nebraska

**Waiver of Hearing to Modify Conditions
of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Supervision. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following additional conditions:

Due to my lack of financial resources, high medical bills and the fact that I subsist on a VA pension only, I am unable to pay for my outstanding home confinement fees in the amount of \$752.81.

Witness: WS. Colloghe
U.S. Probation Officer

Signed: Devin B. M. [Signature]
Offender

1-18-06
Date